



CONGRESS OF THE UNITED STATES

October 2008

Dear Friends:

The Medicare Open Enrollment season has arrived again! The open enrollment period extends from November 15, 2008 to December 31, 2008. The Centers for Medicare and Medicaid Services (CMS) advises seniors who plan to change their enrollment to make the necessary changes as early as possible to avoid any disruption of coverage after the first of the Year.

Enclosed is information from CMS on the 2009 Medicare Prescription Drug Coverage. I hope you find this information helpful.

You can find additional Part D information at www.medicare.gov, by calling 1-800-Medicare or by reviewing your copy of "Medicare and You 2009" that was mailed to Medicare beneficiaries this month.

My office is available Monday through Friday from 9:00 a.m. to 5:00 p.m. to assist seniors in narrowing down their Part D options and helping them find the best and most cost effective plan for the prescriptions that they use.

Please do not hesitate to contact my office at 203/579-5870 if you would like assistance in investigating the right plan for you.

Sincerely,

A handwritten signature in cursive script that reads "Christopher".

Christopher Shays
Member of Congress

2009 MEDICARE PRESCRIPTION DRUG COVERAGE AVAILABLE IN CONNECTICUT

Fast Facts for Connecticut in 2009

- 85% of people with Medicare have prescription drug coverage (including 54% in Part D).
- 35% of those in Part D are receiving the low-income subsidy (LIS).
- 47 Medicare Prescription Drug Plans (PDPs) are available for 2009.
- 99.37% of people in a PDP can switch to a PDP with a lower premium in 2009.
- 26 PDPs offer enhanced benefits or services.
- 27 PDPs have \$0 deductibles.
- 1 PDP has a premium under \$25.
- \$19.40 is the lowest monthly premium for a PDP.
- \$50.60 is the lowest monthly premium for a PDP with any generic coverage in the Gap.
- 12 PDPs have a premium amount of \$0 for people who qualify for the full extra help.
- 100% of people with Medicare will have access to a Medicare Advantage plan with Drug Coverage (MA-PD) for a \$0 premium.
- 11 MA-PDs have a \$0 premium.
- 100% of people with Medicare will have access to a MA-PD with a \$0 drug deductible.

Each year plans change their premiums and what they cover. People with Medicare should review the changes being made by their current plan and compare it to others to make sure it still meets their needs. Make changes to Medicare prescription drug plans from Nov. 15 - Dec. 31, 2008.

Important Dates in 2009

October

- Medicare, Social Security, Health Plans, and Drug Plans notify you of changes for 2009.
- Your copy of "Medicare & You 2009" arrives in the mail.
- Beginning October 15, you can compare 2009 plans on www.medicare.gov.

November 15 through December 31

- Annual Open Enrollment Period for 2009.

All People with Medicare Should:

- ☒ Review the 2009 costs for their current drug plan
- ☒ Compare the cost and coverage to other plans in their area
- ☒ Choose a plan that meets their needs

**FOR HELP: CALL 1-800-MEDICARE, VISIT MEDICARE.GOV, OR TALK TO
ONE OF MEDICARE'S COMMUNITY PARTNERS**



CONNECTICUT

2009 Medicare Part D Stand-Alone Prescription Drug Plans - Connecticut

Data as of September 18, 2008. Includes all contracts/plans regardless of 2008 approval status. Employer sponsored plans (800 series) are excluded. (Last Updated 09/18/08)

Notes: Data are subject to change as contracts are being finalized. Gap coverage descriptions for the 2009 benefit year have been revised. The percentage of "Generic" products and the percentage of "Brand" products covered in the gap are each separately calculated and the following descriptions are added: "All": 100% of drugs are covered through the gap, "Many": ≥65% to <100% of drugs are covered through the gap, "Some": ≥10% to <65% of drugs are covered through the gap, "Few": >0% to <10% of drugs are covered through the gap (and must also be > 15 products covered through the gap), "No Gap Coverage": 0% of drugs are covered through the gap (or ≤15 products covered through the gap). A label of "All Formulary Drugs" is applied to plans that cover 100% of "Generic" and 100% of "Brand" products (either by covering all drug products in the gap or by having no initial coverage limit).

State	Company Name	Plan Name	Benefit Type	\$0 Premium with Full Low-Income Subsidy?	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap	Contract ID	Plan ID
Connecticut	Aetna Medicare	Aetna Medicare Rx Essentials	Basic		\$31.80	\$195	No Gap Coverage	S5810	036
Connecticut	Aetna Medicare	Aetna Medicare Rx Plus	Enhanced		\$55.10	\$0	Some Generics	S5810	138
Connecticut	Aetna Medicare	Aetna Medicare Rx Premier	Enhanced		\$111.30	\$0	Many Generics	S5810	172
Connecticut	Anthem Blue Cross and Blue Shield	Blue MedicareRx Value	Basic		\$41.70	\$295	No Gap Coverage	S2893	014
Connecticut	Anthem Blue Cross and Blue Shield	Blue MedicareRx Value Plus	Enhanced		\$43.30	\$0	No Gap Coverage	S2893	001
Connecticut	Anthem Blue Cross and Blue Shield	Blue MedicareRx Premier	Enhanced		\$80.90	\$0	Many Generics	S2893	003
Connecticut	Bravo Health	BravoRx	Basic	•	\$30.20	\$295	No Gap Coverage	S5998	015
Connecticut	CIGNA Medicare Rx	CIGNA Medicare Rx Plan One	Basic	•	\$30.60	\$295	No Gap Coverage	S5617	008
Connecticut	CIGNA Medicare Rx	CIGNA Medicare Rx Plan Two	Enhanced		\$42.80	\$0	No Gap Coverage	S5617	010
Connecticut	CIGNA Medicare Rx	CIGNA Medicare Rx Plan Three	Enhanced		\$79.60	\$0	Some Generics	S5617	172
Connecticut	Coventry AdvantRx	Coventry AdvantRx Value	Enhanced		\$25.30	\$0	No Gap Coverage	S5674	008
Connecticut	Coventry AdvantRx	AdvantRx Premier	Basic		\$43.60	\$0	No Gap Coverage	S5674	009
Connecticut	Coventry AdvantRx	AdvantRx Premier Plus	Enhanced		\$59.20	\$0	Many Generics	S5674	011
Connecticut	EnvisionRx Plus	EnvisionRxPlus Silver	Basic	•	\$31.00	\$295	No Gap Coverage	S7694	002
Connecticut	EnvisionRx Plus	EnvisionRxPlus Gold	Enhanced		\$68.80	\$0	No Gap Coverage	S7694	036
Connecticut	First Health Part D	First Health Part D-Secure	Enhanced		\$19.40	\$175	No Gap Coverage	S5768	085
Connecticut	First Health Part D	First Health Part D-Premier	Basic	•	\$28.40	\$0	No Gap Coverage	S5768	038
Connecticut	Health Net	Health Net Orange Option 1	Basic	•	\$31.70	\$295	No Gap Coverage	S5678	004
Connecticut	Health Net	Health Net Orange Option 2	Enhanced		\$46.20	\$0	No Gap Coverage	S5678	010
Connecticut	HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan -Reg 2	Basic	•	\$29.10	\$295	No Gap Coverage	S5932	003
Connecticut	Humana Insurance Company	Humana PDP Enhanced S5884-002	Enhanced		\$39.30	\$0	No Gap Coverage	S5884	002
Connecticut	Humana Insurance Company	Humana PDP Standard S5884-061	Basic		\$41.40	\$295	No Gap Coverage	S5884	061
Connecticut	Humana Insurance Company	Humana PDP Complete S5884-031	Enhanced		\$96.10	\$0	Many Generics	S5884	031
Connecticut	Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Value	Basic	•	\$28.20	\$295	No Gap Coverage	S5660	105
Connecticut	Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Choice	Enhanced		\$46.40	\$0	No Gap Coverage	S5660	003
Connecticut	Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Access	Enhanced		\$69.00	\$0	All Generics	S5660	173
Connecticut	Pennsylvania Life Insurance Company	Prescriba Rx Bronze	Basic	•	\$30.40	\$295	No Gap Coverage	S5597	237
Connecticut	Pennsylvania Life Insurance Company	Prescriba Rx Gold	Enhanced		\$39.20	\$0	No Gap Coverage	S5597	035
Connecticut	Pennsylvania Life Insurance Company	Prescriba Rx Platinum	Enhanced		\$73.30	\$0	All Generics	S5597	200
Connecticut	RxAmerica	Advantage Star Plan by RxAmerica	Basic	•	\$30.00	\$295	No Gap Coverage	S5644	068
Connecticut	RxAmerica	Advantage Freedom Plan by RxAmerica	Enhanced		\$40.70	\$0	No Gap Coverage	S5644	047
Connecticut	SilverScript Insurance Company	SilverScript Value	Basic	•	\$28.30	\$295	No Gap Coverage	S5601	004
Connecticut	SilverScript Insurance Company	SilverScript Plus	Enhanced		\$50.60	\$50	Many Generics	S5601	005
Connecticut	SilverScript Insurance Company	SilverScript Complete	Enhanced		\$70.10	\$0	Many Generics	S5601	073
Connecticut	Sterling Life Insurance Company	Sterling Rx	Basic		\$37.00	\$295	No Gap Coverage	S4802	023
Connecticut	UniCare	MedicareRx Rewards Standard	Basic	•	\$30.40	\$295	No Gap Coverage	S5960	108
Connecticut	United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan	Basic		\$36.90	\$180	No Gap Coverage	S5755	041
Connecticut	United American Insurance Company	UA Medicare Part D Prescription Drug Cov	Enhanced		\$41.00	\$0	No Gap Coverage	S5921	181
Connecticut	UnitedHealthcare	AARP MedicareRx Saver	Basic	•	\$26.30	\$295	No Gap Coverage	S5921	006
Connecticut	UnitedHealthcare	AARP MedicareRx Preferred	Basic		\$38.50	\$0	No Gap Coverage	S5921	182
Connecticut	UnitedHealthcare	UnitedHealth Rx Basic	Enhanced		\$39.90	\$0	No Gap Coverage	S5921	183
Connecticut	UnitedHealthcare	AARP MedicareRx Enhanced	Enhanced		\$81.90	\$0	Many Generics	S5803	071
Connecticut	Universal American	Community CCRx Basic	Basic		\$32.10	\$295	No Gap Coverage	S5803	139
Connecticut	Universal American	Community CCRx Choice	Enhanced		\$52.40	\$0	No Gap Coverage	S5803	219
Connecticut	Universal American	Community CCRx Gold	Enhanced		\$79.60	\$0	All Generics	S5967	139
Connecticut	WellCare	WellCare Classic	Basic		\$31.90	\$295	No Gap Coverage	S5967	036
Connecticut	WellCare	WellCare Signature	Enhanced		\$55.70	\$0	No Gap Coverage	S5967	036

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Room 352-G
200 Independence Avenue, SW
Washington, DC 20201



Office of Media Affairs

FOR IMMEDIATE RELEASE
October 10, 2008

Contact: CMS Office of Media Affairs
(202) 690-6145

**MEDICARE'S ONLINE TOOLS WILL HELP BENEFICIARIES WITH
PRESCRIPTION DRUG AND HEALTH PLAN CHOICES FOR 2009**

The Centers for Medicare & Medicaid Services (CMS) today announced that beneficiaries, their caregivers, and family members can begin to review 2009 Medicare prescription drug plan and health plan information online through the Medicare Prescription Drug Plan Finder and Medicare Options Compare at www.medicare.gov.

“This year it is especially important, now and throughout the upcoming open enrollment period, for beneficiaries to use our online tools to compare their current drug and health plan coverage to the options available for 2009 and take action to choose a plan that best meets their needs,” said CMS Acting Administrator Kerry Weems. “Some beneficiaries may see significant premium increases or changes, such as reduced coverage in the gap, if they stay in the same prescription drug plan in 2009. Yet, almost 97 percent of beneficiaries enrolled in a stand-alone prescription drug plan (PDP) will have access to Medicare drug and health plans in 2009 whose premiums would be the same or less than their coverage in 2008.”

The 2009 Plan Finder allows beneficiaries to compare prescription drug coverage from both stand-alone Prescription Drug Plans (PDPs) and Medicare Advantage (MA) plans that provide prescription drug coverage (MA-PD plans) and to view premiums, formularies, and availability of coverage in the gap. Additionally, the 2009 Medicare Options Compare tool allows beneficiaries to compare Medicare health plan options, such as HMOs and PPOs.

Additional information Plan Finder offers to help beneficiaries search drug plans for the best price and coverage include, estimated out-of-pocket costs, pharmacy networks, and Medicare news and updates. CMS has added a feature to allow beneficiaries to view estimated monthly mail order drug costs in a bar-chart which can be compared to retail drug costs. The Web site also includes an enhancement that allows beneficiaries the potential to further reduce costs based on the substitution of drugs which are lower cost but within the same therapeutic class. This feature allows users to choose among all less expensive drugs available with similar functions, not just generic products. CMS encourages beneficiaries to discuss these alternatives with their physicians.

CMS suggests that beneficiaries gather their Medicare card along with information on their current medications for reference as they use the online tools. Additional useful information to have at hand may include mailings they have received from Medicare, Social Security, or their current drug plan. The annual open enrollment period begins Nov. 15 and runs through Dec. 31, 2008. Beneficiaries who wish to enroll for the first time or change their coverage for 2009 should do so by early December to ensure a smooth transition in the new plan year.

People without Web access can get the same information provided by the online plan comparison tools by calling 1-800 MEDICARE (1-800-633-4227), by visiting their local State Health Insurance Assistance Program (SHIP) office for free personalized counseling, or by attending one of the thousands of local enrollment events taking place across the country through December 2008.

Beneficiaries can also get detailed plan information and tips on selecting a plan through the 2009 *Medicare & You* handbook, arriving in mailboxes later this month. The handbook includes tips on selecting a plan and an overview of plan options. Beneficiaries already enrolled in a Part D plan or health plan will also receive an Annual Notice of Change that describes any changes in the benefits of their current plan. Beneficiaries will find contact information for their state's SHIPs in their handbook or at <http://www.medicare.gov/Contacts/Include/DataSection/Results/Results.asp?language=English&Organizations=F%7CSHIP+--+State+Health+Insurance+Assistance+Program&State=Select+All+States&Type=ORGANIZATION>.

CMS anticipates that the Plan Finder site will average close to one million page views per week, similar to the volume experienced last year. For the 2008 plan year, more than half a million people enrolled online, a 49 percent increase over the number who enrolled online for the 2007 plan year. More than 5.8 million people with Medicare have enrolled online in a drug plan since the program began.

Medicare beneficiaries with limited income and resources, and those who are dually eligible for both Medicare and Medicaid, may qualify for extra help paying for their Part D premium through the low-income subsidy (LIS), provided by Medicare. CMS' Web site is a comprehensive resource for beneficiaries who are eligible for Medicare's extra help. This information will help Medicare partners identify and counsel LIS eligible beneficiaries who are experiencing a change in their LIS status. The site also includes an annual LIS Outreach Toolkit providing LIS data in both interactive maps and sortable spreadsheets.

"In addition to urging beneficiaries to explore their options now, I want to assure seniors that the marketing of 2009 plans will be under tough, new marketing requirements from CMS," said Weems. "These requirements are intended to protect Medicare beneficiaries from deceptive or high-pressure marketing tactics by insurance companies and their agents. We are broadening our oversight of plans, including expanding our 'secret shopper' program."

For more information and to view the plan finder tool please visit:

<http://www.medicare.gov/MPDPF>.

The LIS Outreach Toolkit can be accessed at:

<http://www.cms.hhs.gov/limitedincomeandresources/>

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Bridging the coverage gap

Most Medicare drug plans (Part D) have a temporary limit on what they will cover for prescription drugs, or a “coverage gap.” The good news is that all Medicare drug plans provide coverage if you have an unexpected illness or injury that results in extremely high drug costs. This is called “catastrophic” coverage. It assures that once you have paid \$4,050 (in 2008) out-of-pocket for drug costs in a calendar year, almost all of your drug costs above that amount are covered. If your plan has a coverage gap during the time between a drug plan’s standard level of coverage and the catastrophic coverage, you pay all of your drug costs.

If you have limited income and resources, and qualify for full extra help, most of the information in this fact sheet **doesn’t** apply to you. You will continue to pay the same copayment or coinsurance amount during a coverage gap if your plan has one.

If your drug plan has a coverage gap, here are some ways you can avoid or delay entering the gap, and continue to save money on drug costs while in the gap:

- **Consider switching to generics, over-the-counter (OTC), or other lower-cost drugs.** Ask your doctor about generic, OTC, or less-expensive brand-name drugs that would work just as well as the ones you’re taking now. Switching to lower-cost drugs may be enough to help you avoid the coverage gap, and can save you hundreds or thousands of dollars a year.

Cost savings information through the use of mail-order pharmacies, generic, or less-expensive brand-name drugs is also available in the **Compare Medicare Prescription Drug Plans** section of www.medicare.gov on the web.

- **Keep using your Medicare drug plan card,** even while in the coverage gap. Using your drug plan card ensures that you’ll get the drug plan’s discounted rates and that the money you spend counts towards your catastrophic coverage.

- **Explore National and Community-Based Charitable Programs** that might offer assistance (such as the National Patient Advocate Foundation or the National Organization for Rare Disorders). These organizations may have programs that can help with your drug costs. Comprehensive information on Federal, state, and private assistance programs in your area is available on the **BenefitsCheckUp** (www.benefitscheckup.org) website.
- **Look into Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs) that may be offered by the manufacturers of the drugs you take. Many of the major drug manufacturers are offering assistance programs for people enrolled in a Medicare drug plan.
You can find out whether a Pharmaceutical Assistance Program is offered by the manufacturers of the drugs you take by visiting www.medicare.gov on the web. Under “Medicare Spotlights,” select “Lower Your Costs During the Coverage Gap.”
- **Look at State Pharmaceutical Assistance Programs (SPAP)** for which you may qualify. There are 23 states and 1 territory offering some type of coverage to help people with Medicare with paying drug plan premiums and/or cost sharing.
You can find out if your state has a State Pharmaceutical Assistance Program by visiting www.medicare.gov on the web. Under “Medicare Spotlights,” select “Lower Your Costs During the Coverage Gap.”
- **Apply for Extra Help.** If you have Medicare and have limited income and resources, you may qualify for extra help paying for your prescription drugs. Contact Social Security by visiting www.socialsecurity.gov on the web, or call 1-800-772-1213. TTY users should call 1-800-325-0778.

NOTE: Not all types of coverage will count toward your out-of-pocket costs.

Remember, after you have paid \$4,050 (in 2008) out-of-pocket for drug costs in a calendar year, almost all of your drug costs above that amount are covered. If you want to switch to a plan that offers at least some type of coverage in the gap, you can do so from November 15—December 31 of each year. Your coverage will start January 1 of the following year.

For More Information

All Medicare drug plans are different, so you should call your plan if you have questions about how the coverage gap will work for you. If you need help finding other resources, such as the ones described above, you can call your State Health Insurance Assistance Program (SHIP) for free personalized counseling to people with Medicare. To get their telephone number, visit www.medicare.gov on the web. Under “Search Tools,” select “Find Helpful Phone Numbers and Websites.” You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.